

Resident Application for General or Master Class Falconer Certificate of Registration (COR)

New applicant: If you are transferring from another state upon completion of the residency requirement, you must submit a copy of a valid falconry license from the former state of residency indicating class and a valid federal falconry permit. **General Class:** Apprentice falconers wishing to upgrade to General Class should contact the Salt Lake Office at least one month prior to applying for a General Class COR. When applying for the first time you are required to have a letter from the Salt Lake Office stating that you have qualified to be a General Class Falconer. **Master Class:** General falconers wishing to upgrade to a Master Class should contact the Salt Lake Office at least one month prior to applying for a Master Class COR. When applying for the first time you are required to have a letter from the Salt Lake Office stating that you have qualified to be a Master Class Falconer.

Renewal applicant: General Class: Submit application by the expiration date specified on your current COR. This will allow you to maintain raptors in possession without being in violation of unlawful captivity of protected wildlife. If you have not held a Falconry Certificate of Registration for five consecutive years re-examination and facilities inspection are required and you must have a letter from the Salt Lake Office stating that this has been done. Master Class: Submit application by the expiration date specified on your current COR. This will allow you to maintain raptors in possession without being in violation of unlawful captivity of protected wildlife.

For a complete listing of the Utah State Falconry Rules Refer to the 2002-2007 Utah Falconry Proclamation.

PRINT INFORMATI	ON								
State COR No.: Expiration		date: Federal Permit N		t No.:	Expiration date:		(Class:	
First Name:		Last Name:			MI:	Phone 1:		Phone 2:	
Address:		City:			State/Zip:				
Drivers License or current Utah ID No.:				Date of Birth:					
Gender: Weight:		Height:		Eye	Eye Color:		Hair Color:		
Facilities Location	n: IF YOUR	ADD F	RESS HAS CHAN	GED O	R YOU	HAVE QUA	ALIFIED FO	OR AN UPGRADE	
YOU ARE REQU	_	_				-	OR WILL	BE ISSUED. A	
COPY OF YOUR	APPROVED	INSPE	ECTION NEEDS T			HED.			
Facility Region:				County:					
Facility Address:				City:			State/Zip	State/Zip	
there are no other	tify that I am r legal or admi are under the p	not cur nistrat penalty	rently under any V ive proceedings p y of perjury that the	Vildlife I ending e inform	icense (or permit re uld disqualit	vocation of y me from	r suspension and that	
Applicant Signature:				Date:					
Fees: \$15 fo	or a one-year		\$30 for a tw	o-year		\$45 f	for a three-y	/ear	
Processed by: F			Region:	on: C			Oate:		

Copy 1: Salt Lake Office Copy 2: Region Copy 3: Applicant